

COMPARISON OF COVENTRY ADVANTRA HEALTH INSURANCE PLANS EFFECTIVE MAY 1, 2013 - PUBLISHED BY THE RETIREMENT DIVISION

HEALTH INSURANCE COMPANY:	COVENTRY ADVANTRA PPO	
	PLAN 1	
	In-Network	Out-of-Network – <i>Providers must accept Medicare payment. You are responsible for 100% of the charges if you receive services from a provider that does not accept Medicare payment.</i>
<u>HOSPITAL(S)</u>	114 Area Hospitals	Any Hospital in the service area that accepts Medicare payment.
Primary Care Physician Choices	2,798	Any Physician in the service area that accepts Medicare payment.
Specialist Choices	6,648	Any Specialist in the service area that accepts Medicare payment.
Deductible	None	None
Coinsurance %	100% of Medicare allowed amounts	80% of Medicare allowed amounts
Out-of-Pocket Maximum	\$2,000 for in-network medical benefits. (This does not include prescription drug benefits.)	None
Catastrophic Out-of-Pocket Maximum	\$10,000	\$10,000
Lifetime Maximum Benefit	No Limit	No Limit
<u>HOSPITAL COVERAGE</u>		
Inpatient Room	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.
Maternity	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.
Mental Health (Inpatient)	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days..
Substance Abuse (Inpatient)	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days..
Out-Patient X-Ray & Laboratory	100% clinical/diagnostic lab services and regular x-ray \$100 Co-Pay for CAT scan, PET scan and MRI 20% Coinsurance for each Medicare-covered radiation therapy service	80%
Out-Patient Surgery	\$100 Co-Pay	\$100 Co-Pay
Emergency Room	\$50 Co-Pay for Medicare covered visit. (Waived if admitted within 72 hours)	\$50 Co-Pay for Medicare covered visit. (Waived if admitted within 72 hours)
<u>DOCTOR/PCP COVERAGE</u>		
Annual Wellness Visits & Immunizations	\$0 Co-Pay PCP for one routine physical per year. 100% immunizations.	80%
Office (Illness/Injury)	\$5 Co-Pay PCP, \$30 Co-Pay Specialist	80%
Lab Tests & X-Rays	100% routine lab and x-ray \$100 Co-Pay for CAT scan, PET scan and MRI 20% Coinsurance for each Medicare covered radiation therapy service	80%
Allergy Treatment	\$5 Co-Pay PCP, \$30 Co-Pay Specialist	80%.
Allergy Testing	\$5 Co-Pay PCP, \$30 Co-Pay Specialist	80%
Mental Health (Outpatient)	\$30 Co-Pay individual visit, \$5 Co-Pay group session.	80%
Substance Abuse (Outpatient)	\$30 Co-Pay individual visit, \$5 Co-Pay group session.	80%
Out of Hospital Prescriptions	Up to 30 day supply at Participating Pharmacy. \$5 Preferred Generic (Unlimited); \$25 Preferred Brand Name; \$50 Non-Preferred Generics & Non-Preferred Brand, 30% Coinsurance for Specialty Drugs (Injectables); Pharmacy & Mail Order 90 day supply \$10/\$50/\$150. After total plan costs for Preferred Brand and Non-Preferred Generics & Brand paid by both you and your plan reach \$2,970, you have Preferred Generic drug coverage only until your plan year out of pocket costs reach \$4,750. After the \$2,970 limit is met you can use your Advantra ID card for a discount. After your plan year out-of-pocket drug costs reach \$4,750, you pay the greater of: \$2.65 for generic or brand name drugs treated as generic and \$6.60 for all other drugs, or 5% coinsurance, whichever is highest. (Preferred Generics do not count toward the \$2,970 or \$4,750 limits.) Co-Pay plus the difference in cost between the Brand Name and the Generic when the Brand Name is purchased.	In-network benefit available through the national participation of designated chain pharmacies. If you use an out-of network pharmacy for an urgent or emergency situation, you would pay the appropriate in-network co-payment/co-insurance, and you will be required to pay the difference between what Coventry Advantra would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.
Routine Eye Exam	\$5 Co-Pay for each routine exam, \$5-\$30 for each Medicare approved Diagnostic exam; \$0 Co-Pay for Medicare covered eye wear. \$100 credit toward eye glasses or contacts every year.	\$5 Co-Pay for each routine exam, \$5-\$30 for each Medicare approved Diagnostic exam; \$0 Co-Pay for Medicare covered eye wear. \$100 credit toward eye glasses or contacts every year.
Routine Hearing Exam	\$5 Co-Pay for each routine exam, one visit per calendar year; \$30 for each Medicare covered exam. Covered up to \$500 for hearing aids every 3 years.	\$5 Co-Pay for each routine exam, one visit per calendar year; \$30 for each Medicare covered exam. Covered up to \$500 for hearing aids every 3 years.
Dental	\$0 Co-Pay for oral exams, cleanings, fluoride treatments, and dental X-rays. \$30 Co-Pay for each Medicare covered dental benefit. Covered up to \$125 for in-network and out-of-network preventive dental services every year.	\$0 Co-Pay for oral exams, cleanings, fluoride treatments, and dental X-rays. \$30 Co-Pay for each Medicare covered dental benefit. Covered up to \$125 for in-network and out-of-network preventive dental services every year.
SilverSneakers Fitness Benefit	Designated Health Club Membership/Fitness Classes	Designated Health Club Membership/Fitness Classes
Dependent Coverage Maximum Age	End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.	End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.

THIS IS A GENERAL SUMMARY OF BENEFITS FOR REFERENCE ONLY. THE EVIDENCE OF COVERAGE FROM COVENTRY HEALTH CARE IS THE BINDING CONTRACT. CONTACT COVENTRY AT 1-800-727-9712 FOR MORE INFORMATION.